

All States Asphalt, Inc.

All States Materials Group®

PO Box 91
Sunderland, MA 01375
413-665-7021

May 7, 2020

Town of Arlington
Office of the Purchasing Agent
Town Hall
730 Massachusetts Avenue
Arlington, MA 02476

Dear Sir or Madam:

We are pleased to submit the following proposal for Bid No. 20-12, Pavement Preservation.

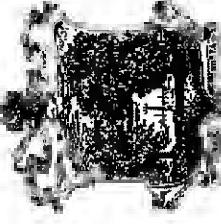
We guarantee that all materials supplied and work done shall comply with the State of Massachusetts Department of Transportation Standard Specifications for Roads, Bridges and Highways, as well as those of the Town of Arlington.

We hope the attached will permit our being of service to you.

Very Truly Yours,

ALL STATES ASPHALT, INC.

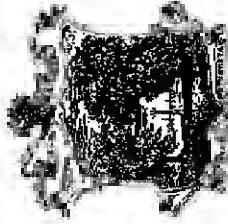
Alan L. Chicoine
Vice President



TOWN OF ARLINGTON
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
51 GROVE STREET
ARLINGTON, MA 02476

QUANTITY SHEET: YEAR #1

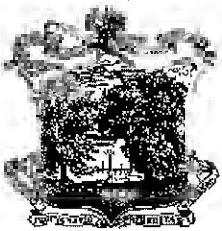
Item	Estimate Quantity	Unit	Description	Unit Price	Proposal	Amount
1	15,000	SY	Bonded Wearing Course	\$ 7.55	/ SY	\$ 113,250.00
2	40,000	SY	Asphalt-Rubber Surface Treatment	\$ 5.10	/ SY	\$ 204,000.00
3	750	Ton	HMA for Leveling	\$ 180.00	/ TON	\$ 135,000.00
4	200	SY	Cut & Patch Pavement	\$ 65.00	/ SY	\$ 13,000.00
5	125	EA	Adjustment of Drainage/Sanitary Structures	\$ 450.00	/ EA	\$ 56,250.00
6	50	EA	Adjustment of Water/Gas Gate Boxes	\$ 300.00	/ EA	\$ 15,000.00
7	75	EA	Adjustment of Water/Gas Gate Boxes with Risers	\$ 200.00	/ EA	\$ 15,000.00
8	12	VF	Rebuild or Repair of Drainage/Sanitary Structures	\$ 295.00	/ VF	\$ 3,540.00
Total:						\$ 555,040.00



TOWN OF ARLINGTON
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
51 GROVE STREET
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QUANTITY SHEET: YEAR #2

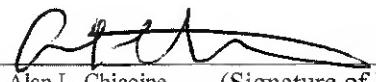
Item	Estimate Quantity	Unit	Description	Unit Price	Proposal Amount
1	15,000	SY	Bonded Wearing Course	\$ 7.70	/ SY \$ 115,500.00
2	40,000	SY	Asphalt-Rubber Surface Treatment	\$ 5.20	/ SY \$ 208,000.00
3	750	Ton	HMA for Leveling	\$ 185.00	/ TON \$ 138,750.00
4	200	SY	Cut & Patch Pavement	\$ 65.00	/ SY \$ 13,000.00
5	125	EA	Adjustment of Drainage/Sanitary Structures	\$ 450.00	/ EA \$ 56,250.00
6	50	EA	Adjustment of Water/Gas Gate Boxes	\$ 300.00	/ EA \$ 15,000.00
7	75	EA	Adjustment of Water/Gas Gate Boxes with Risers	\$ 200.00	/ EA \$ 15,000.00
8	12	VF	Rebuild or Repair of Drainage/Sanitary Structures	\$ 295.00	/ VF \$ 3,540.00
Total:					\$ 565,040.00



TOWN OF ARLINGTON
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
51 GROVE STREET
ARLINGTON, MA 02476

CERTIFICATE OF NON-COLLUSION

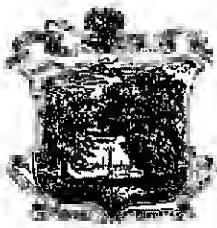
The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee club, or other organization, entity, or group or individuals.



Alan L. Chicoine (Signature of Individual)
Vice President

All States Asphalt, Inc.

(Name of Business/Corporation)



TOWN OF ARLINGTON
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
51 GROVE STREET
ARLINGTON, MA 02476

CERTIFICATION OF TAX COMPLIANCE

Pursuant to MGL c. 62C, § 49A and requirements of the Town of Arlington, the undersigned acting on behalf of the Contractor certifies under the penalties of perjury that the Contractor is in compliance with all laws of the Commonwealth relating to taxes including payment of all local taxes, fees, assessments, betterments and any other local or municipal charges (unless the Contractor has a pending abatement application or has entered into a payment agreement with the entity to which such charges were owed), reporting of employees and contractors, and withholding and remitting child support.*

**Signature of Individual or Corporate Contractor

Alan L. Chicoine, Vice President

Printed Name

04-2216868

***Contractor's Social Security Number or
Federal Identification Number

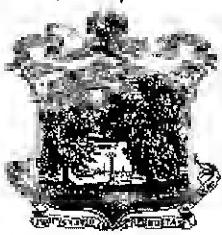
May 7, 2020

Date

* The provision in this Certification relating to child support applies only when the Contractor is an individual.

** Approval of a contract or other agreement will not be granted until the City receives a signed copy of this Certification.

*** Your social security number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended.



TOWN OF ARLINGTON
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
51 GROVE STREET
ARLINGTON, MA 02476
CERTIFICATE OF VOTE

Assistant

I, Heather Whittier, Clerk of All States Asphalt, Inc.,

(Name)

(Corporation)

hereby certify that, at a meeting of the Board of directors of said Corporation duly held on March 1, 2020 at which a quorum was present and voting throughout, the following vote was duly passed is now in full force and effect:

(Date)

“VOTED” That Alan L. Chicoine be and hereby is authorized,

(Name of Officer authorized to sign for corporation)

directed and empowered for, in the name and on behalf of this Corporation, to sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and other obligations of this Corporation; by such Alan L. Chicoine to be valid and binding upon this Corporation

(Name of Officer)

for all purposes, and that a certificate of the Clerk of this Corporation setting forth this vote shall be delivered to the Town of Arlington; and that this vote shall remain in full force and effect unless and until the same has been altered, amended or revoked by a subsequent vote of such directors and a certificate of such later vote attested by the Clerk of this Corporation is delivered to the Town of Arlington.

I further certify that Alan L. Chicoine is the duly elected Vice President
(Name of Officer) (Title)
of said Corporation.

Signed: Heather Whittier
(Clerk - Secretary) Heather Whittier, Assistant Secretary

Place of Business: 325 Amherst Rd., Sunderland, MA 01375

Date of Contract: May 7, 2020

Countersignature: _____
(Name & Title of Officer)

AFFIX CORPORATE SEAL



TOWN OF ARLINGTON
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
51 GROVE STREET
ARLINGTON, MA 02476

In the event that the Clerk or Secretary is the same person as the Officer authorized to sign that contract or other instrument for the Corporation, this certificate must be countersigned by another officer of the Corporation.



Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)
All States Asphalt, Inc., and Subsidiaries
325 Amherst Road
P.O. Box 91
Sunderland, MA 01375

OWNER:

(Name, legal status and address)
Town of Arlington
730 Massachusetts Avenue
Arlington, MA 02476

BOND AMOUNT: \$ 5% of bid amount; Five Percent of amount bid

PROJECT:

(Name, location or address, and Project number, if any)
Bid No. 20-12, Pavement Preservation

SURETY:

(Name, legal status and principal place of business)
Liberty Mutual Insurance Company
175 Berkeley Street
Boston, MA 02116

Mailing Address for Notices

Liberty Mutual Insurance Company
Attention: Surety Claims Department
1001 4th Avenue, Suite 1700
Seattle, WA 98154

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 7th day of May 2020

(Witness) Heather L. Whittier

All States Asphalt, Inc., and Subsidiaries

(Principal)

(Seal)

(Title) Alan L. Chicoine, Vice President

Liberty Mutual Insurance Company

(Surety)

(Seal)

(Title) Natalie M. Jimenez, Attorney-In-Fact





This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8202850 - 837023

POWER OF ATTORNEY

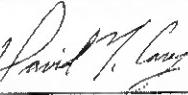
KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Joseph P. Campbell, Chelsea E. Follett, Natalie M. Jimenez, Monique Kocienski, Francis A. Lowther, Robert B. Parrish, Sarah E. Peterson, Edward J. Reagan

all of the city of Marcellus state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 9th day of January, 2020.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: 
David M. Carey, Assistant Secretary

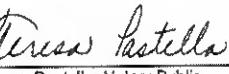
State of PENNSYLVANIA
County of MONTGOMERY ss

On this 9th day of January, 2020 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notary Seal
Teresa Pestella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: 
Teresa Pestella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

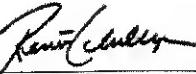
Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of May, 2020



By: 
Renee C. Llewellyn, Assistant Secretary

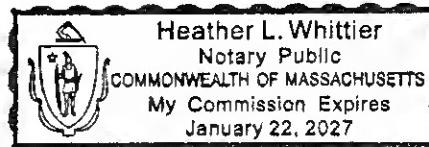
CORPORATION ACKNOWLEDGMENT

State of Massachusetts
County of Franklin

On this 7th day of May, 2020, before me personally appeared Alan L. Chicoine to me known, who being by me duly sworn, did depose and say: that he/she resides at Phillipston, MA; that he/she is Vice President of the corporation described in and which executed the foregoing instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; and that he/she signed his/her name thereto by like order.



Notary Public



SURETY ACKNOWLEDGMENT

State of New York
County of Onondaga

On this 7th day of May, 2020, before me personally appeared Natalie M. Jimenez to me known, who being by me duly sworn, did depose and say: that he/she resides in the City of Syracuse, NY; that he/she is the Attorney-In-Fact of the above signed surety, the corporation described in and which executed the within instrument; that he/she knows the corporate seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; and that he/she signed his/her name thereto by like order.



MONIQUE KOCIENSKI
Notary Public

MONIQUE KOCIENSKI
Notary Public - State of New York
Qualified in Onondaga Co. No. 01K06319197
My Commission Expires February 17, 2023



LIBERTY MUTUAL INSURANCE COMPANY
FINANCIAL STATEMENT — DECEMBER 31, 2018

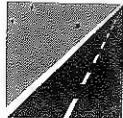
Assets	Liabilities
Cash and Bank Deposits.....	\$464,341,712
*Bonds — U.S Government.....	2,259,714,810
*Other Bonds.....	11,864,776,740
*Stocks	16,527,715,226
Real Estate.....	255,809,551
Agents' Balances or Uncollected Premiums.....	5,817,927,234
Accrued Interest and Rents.....	108,139,840
Other Admitted Assets.....	11,532,139,744
 Total Admitted Assets.....	 \$48,830,564,857
	Unearned Premiums..... \$7,851,429,449
	Reserve for Claims and Claims Expense..... 20,165,209,300
	Funds Held Under Reinsurance Treaties..... 384,795,327
	Reserve for Dividends to Policyholders..... 1,111,529
	Additional Statutory Reserve..... 62,866,000
	Reserve for Commissions, Taxes and Other Liabilities 3,999,822,802
	Total..... \$32,465,234,407
	Special Surplus Funds..... \$43,108,583
	Capital Stock..... 10,000,000
	Paid in Surplus..... 10,044,912,727
	Unassigned Surplus..... 6,267,309,139
	Surplus to Policyholders 16,365,330,449
	Total Liabilities and Surplus \$48,830,564,856

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2018, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 22nd day of March, 2019.

Assistant Secretary



All States Asphalt, Inc.

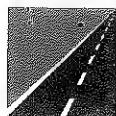
PO Box 91, Sunderland, MA 01375 • 413.665.7021

ALL STATES ASPHALT, INC., AND SUBSIDIARIES

It is the continuing policy of All States Asphalt, Inc., and Subsidiaries to recruit and employ the best qualified individuals without regard to race, color, creed, religion, national origin, age, sex, sexual orientation, handicap or status as a disabled Vietnam era veteran as defined and required by federal and state laws and regulations.

Equal employment opportunity applies to all personnel actions including, but not limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeships.

ALL STATES ASPHALT, INC., AND SUBSIDIARIES shall post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Government setting forth the provisions of this non-discrimination clause.



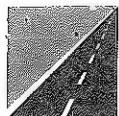
All States Asphalt, Inc.

All States Materials Group®

PO Box 91
Sunderland, MA 01375
413-665-7021

***ASPHALT RUBBER SURFACE TREATMENT
REFERENCES***

Town of Yarmouth, MA	Highway Department 507 Buck Island Road South Yarmouth, MA 02673 Rob Angell \$ 859,349.46 / 2018	774.207.8090
Town of Northfield, MA	Highway Department 69 Main Street Northfield, MA 01360 Tom Walker \$ 141,729.84 / 2016	413.498.5117
Town of Meredith, NH	Highway Department 347 Daniel Webster Highway Meredith, NH 03253 Mike Faller \$ 362,141.00 / 2017	603.279.4538
Town of Southington, CT	Highway Department 1 Della Bitta Drive Plantsville, CT 06479 Annette Turnquist \$ 1,090,936.50 / 2017	860.276-9430
Town of Charlestown, RI	Public Works Department 4540 So. County Trail Charlestown, RI 02813 Alan Arsenault \$ 145,723.20 / 2019	401.364.1230
Town of Sunderland, MA	Highway Department 12 School Street Sunderland, MA 01375 George Emery \$ 138,953.27 / 2016	413.665.1460



All States Asphalt, Inc.

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413-665-7021

ASPHALT RUBBER EQUIPMENT

<u>Description</u>	<u>Year</u>	<u>Make</u>	<u>Model/Serial #</u>
Chip Spreader	2011	Etnyre	K6635
Chip Spreader	2015	Etnyre	K6932
Chip Spreader	2019	Etnyre	K7317
Flowboy	1999	MACK	RD688S039565
Flowboy	2016	MACK	GU713027208
Flowboy	2002	MACK	CV713001180
Flowboy	2016	MACK	GU713027209
Flowboy	2016	MACK	GU713027209
Distributor	2013	MACK	GU713016763
Distributor	2019	MACK/BEARCAT	GU713041686
Distributor	2017	MACK/BEARCAT	GU81303629
10 Ton Rubber-Roller	1988	Hyster/C530	A91C3947J
10 Ton Steel Roller	1999	CAT	9XL00227/5HK6926
Pneumatic Roller	2014	CAT	LTJ00219
Pneumatic Roller	2016	BOMAG	BW11RH-5
Loader	2006	Kamatsu	68238

All Equipment is OWNED and not leased or rented.



All States Asphalt, Inc.

All States Materials Group®

PO Box 91
Sunderland, MA 01375
413-665-7021

CORPORATION CERTIFICATE TO ACTION

I, **Heather Whittier**, do hereby certify:

THAT I am the Assistant Secretary of All States Asphalt, Inc., and Subsidiaries, a Massachusetts Corporation having its usual place of business in Sunderland, Massachusetts;

THAT pursuant to prior authority granted by the Directors of All States Asphalt, Inc., and Subsidiaries, pursuant to Massachusetts General Laws Chapter 156B, Section 59, the following continuing and durable power and authority has been

VOTED: That **Richard J. Miller**, or **Alan L. Chicoine**, or **James P. Tudryn**, or either of them, is authorized and empowered to alone, make, enter into, sign, seal, and deliver on its behalf, all bids, offers, and resulting contracts and agreements on behalf of the Corporation and lawfully obligate it in connection therewith.

I hereby certify that the above is a true and correct copy of the record; that said authority has not been amended or repealed, and is in full force and effect as of this date; and that the said **Richard J. Miller**, **Alan L. Chicoine** and **James P. Tudryn** remain as authorized agents of the Corporation for such purposes, without exception.

Seal

ATTEST:

May 7, 2020

Date

Heather Whittier
Assistant Secretary – Heather Whittier



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Reagan Insurance 8 E Main Street P O Box 191 Marcellus NY 13108	CONTACT NAME: PHONE (A/C, No. Ext): 315-673-2094 E-MAIL ADDRESS: certificates@reagancompanies.com	FAX (A/C, No): 315-673-1121
	INSURER(S) AFFORING COVERAGE INSURER A: Old Republic Insurance Company INSURER B: Hanover Insurance Companies INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 24147 22292
INSURED All States Asphalt, Inc. & Subsidiaries 325 Amherst Rd., P.O. Box 91 Sunderland MA 01375	ALLSTAT-02	

COVERAGES

CERTIFICATE NUMBER: 211709559

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSD WVD	SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab		Y Y	MWZY311428 20	2/1/2020	2/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 400,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY Hired AUTOS ONLY		Y Y	MWTB311429 20	2/1/2020	2/1/2021	COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Phys Dmg \$ 150,000
	UMBRELLA LIAB EXCESS LIAB		OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N	Y/N N/A	MWC311427 20	2/1/2020	2/1/2021	X PER STATUTE OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Leased/Rented Equipment Installation Coverage			RHS875076314 RHS875076314	2/1/2020 2/1/2020	2/1/2021 2/1/2021	\$850,000 \$1,000,000 Oed. \$2,500 Oed. \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured and Waiver of Subrogation are applicable when required by contract

*MCS90 endorsement applies

General Liability policy is on a primary & non-contributory basis & includes completed operations

Auto policy is on a primary & non-contributory basis

Auto Hired Physical Damage Deds \$250 Comp/\$500 Coll

*Workers Compensation: NY, CT, DE, FL, MA, ME, NH, NJ, PA, RI, TX, VT

Certificate holder is named as an additional insured on the General Liability and Auto Liability policies.

Project: Bid No. 20-12, Pavement Preservation

CERTIFICATE HOLDER

CANCELLATION

Town of Arlington
Office of the Purchasing Agent
730 Massachusetts Avenue
Arlington MA 02476

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 12.19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
All persons or organizations when required by written contract or agreement	All locations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

In the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance.

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;
whichever is less.

This endorsement shall not increase the applicable limits of insurance.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
All persons or organizations when required by written contract or agreement	All completed operations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section III – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 15.12.19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – VENDORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s) (Vendor)	Your Products
All persons or organizations when required by written contract	The products as specified in the written contracts or agreements

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured any person(s) or organization(s) (referred to throughout this endorsement as vendor) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury" or "property damage" arising out of "your products" shown in the Schedule of this endorsement which are distributed or sold in the regular course of the vendor's business.

However:

1. The insurance afforded to such vendor only applies to the extent permitted by law; and
2. If coverage provided to the vendor is required by a contract or agreement, the insurance afforded to such vendor will not be broader than that which you are required by the contract or agreement to provide for such vendor.

B. With respect to the insurance afforded to these vendors, the following additional exclusions apply:

1. The insurance afforded the vendor does not apply to:
 - a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

- b. Any express warranty unauthorized by you;
- c. Any physical or chemical change in the product made intentionally by the vendor;
- d. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts, under instructions from the manufacturer, and then repackaged in the original container;
- e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

- b. "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (1) The exceptions contained in Subparagraphs d. or f.; or
 - (2) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- 2. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

C. With respect to the insurance afforded to these vendors, the following is added to Section III - Limits Of Insurance:

If coverage provided to the vendor is required by a contract or agreement, the most we will pay on behalf of the vendor is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the Other Insurance Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

All persons or organizations as required by written contract or agreement

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

THIS FORM APPLIES IN: MA

IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

SCHEDULE

Name of Person(s), or Organization(s):

All persons or organizations as required by written contract or agreement

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Each person or organization shown in the Schedule is an "insured" for **COVERED AUTOS LIABILITY COVERAGE**, but only to the extent that the person or organization qualifies as an "insured" under the Who Is An Insured provision contained in the Coverage Form.

POLICY NUMBER:

COMMERCIAL AUTO
CA 20 01 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:

Endorsement Effective Date:

SCHEDULE

Insurance Company: Old Republic Insurance Company

Policy Number:

Effective Date:

Expiration Date:

Named Insured:

Address:

Additional Insured (Lessor): The lessor when required by written contract to be added as an Additional Insured

Address:

Designation Or Description Of "Leased Autos":

Any auto you lease under a written lease agreement with a term of six months or more

Coverages	Limit Of Insurance
Covered Autos Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ See PCA 050 Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ See PCA 050 Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. For a "leased auto" designated or described in the Schedule, the **Who Is An Insured** provision under **Covered Autos Liability Coverage** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.
3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".

2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.

3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

- D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

SCHEDULE

Name of Person or Organization:

All persons or organizations as required by written contract or agreement

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The Transfer Of Rights Of Recovery Against Others To Us Condition is changed by adding the following:

We waive any right of recovery we may have against the person(s) or organization(s) shown in the Schedule because of payments we make for injury or damage. This waiver applies only to the person or organization shown in the Schedule.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

POLICY NUMBER:

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

BLANKET COVERAGE AS REQUIRED BY WRITTEN CONTRACT

DATE OF ISSUE:

1983 National Council on Compensation Insurance.



ALLSTAT-01

RLOMBARDO

DATE (MM/DD/YYYY)

1/31/2020

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Hilb Group of New England, LLC - Knight International
30 Braintree Hill Office Park
Braintree, MA 02184

INSUREO
All States Asphalt, Inc and Subsidiaries
325 Amherst Road
P.O. Box 91
Sunderland, MA 01375

CONTACT NAME	FAX (A/C, No.): (781) 966-3701
PHONE (A/C, No. Ext): (781) 966-3700	
E-MAIL ADDRESS: info@knightint.com	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkshire Hathaway Specialty Insurance Company	22276
INSURER B : Zurich-American	16535
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	AOL INSO	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ex occurrences) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ex accident) \$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per person) \$
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>	X	X	47-UMO-100149-07	2/1/2020	2/1/2021	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB <input type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 5,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH)		N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Commercial Umbrella	X	X	AEC 4647378-09	2/1/2020	2/1/2021	EX 5,000,000
							10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

If included on the underlying general liability policy as an additional insured, the certificate holder is included as additional insured's on a primary and non-contributory basis per written contract agreement for work performed by the named insured, and waiver of subrogation applies to all policies in favor of certificate holder.

Project: Bid No. 20-12, Pavement Preservation

5M Umbrella sits excess of General Liability, Auto Liability, and Employer's Liability.

CERTIFICATE HOLDER

CANCELLATION

Town of Arlington
Office of the Purchasing Agent
730 Massachusetts Avenue
Arlington, MA 02476

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



TOWN OF ARLINGTON
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
51 GROVE STREET
ARLINGTON, MA 02476

III. PROPOSAL

For Bid 20-12xx: Pavement Preservation

To the Town of Arlington, Massachusetts, acting through its Town Manager the undersigned, as bidder, declares as follows:

- 1) The only persons or parties interested in this proposal as principals are named in this proposal;
- 2) This proposal is made without collusion with any other person, firm or corporation;
- 3) He has carefully examined the location of the proposed work and the annexed proposed form of contract, and the drawings and specifications therein referred to;
- 4) This proposal is based solely on his own investigation and research and not in reliance upon any plans, surveys, measurements, dimensions, calculations, estimates, borings, test pits, soundings, or representations of any employee, officer, or agent of the Town;

and the undersigned proposes and agrees that if this proposal is accepted he will contract with the Town, this Proposal form being part of and included in said contract, to provide all necessary machinery, tools, apparatus and other means of construction and to furnish all the labor, supervision, materials, permits and other requisites not expressly stated, necessary to complete the contract in the manner and time therein prescribed and according to the requirements of the plans and specifications; and that he will take in full payment thereof the following sums to with:

Contract will be for one (1) year from date of contract, option to renew for a second year at the sole discretion of the Town of Arlington.

Award will be based on the total of Year #1.

The above estimated quantities are an approximate statement of the extent of the work to be done; the Town does not expressly or by implication agree that the actual amount of work will correspond therewith but reserves the right to increase or decrease the amount of any class or portion of the work or to delete certain items of work, as may be deemed necessary, to keep within available funds.

The undersigned as bidder, agrees that for extra work, if any, he will accept compensation as stipulated in the annexed form of CONTRACT.

If this proposal shall be accepted by the Town, and the undersigned shall fail to execute the contract for the work and deliver same to the Town, together with the duly executed Performance Bond and Labor and Material Payment Bond, with sureties satisfactory to the Town, within ten (10) days from the date of mailing of a notice from the Town to him at the address herein given that the proposed contract is ready for execution, then the Town at its option may determine that the undersigned has abandoned the said contract and thereupon if it so determines, the bid security accompanying this proposal shall become the property of the Town as liquidated damages; otherwise the accompanying security shall be returned to the undersigned.

All bidders will be required to show that they have previously completed projects of the same type in a satisfactory manner, namely, the removal of existing water mains and the installation of new water mains in residential and/or otherwise confined areas congested with numerous structures, conduits, high voltage-oil filled Edison pipe lines, public and private utility lines, manholes, etc. where careful and time consuming excavation and backfilling is required to protect existing lines and structures.

The bidder awarded this contract will have to show that they have successfully completed at least two (2) contracts of similar work in the \$300,000 (dollar) range.

In addition, if the successful bidder contemplates using sub-contractors, said sub-contractor will be held to the same standards as noted above.

Before starting work, the contractors (includes the general contractor, for itself and its subcontractors, as well as all filed sub-bid contractors) will submit plans for achievement of the equal opportunity goals of the contract. All contractors will be required to make a good faith effort to achieve these goals. The plan will indicate if the contractors expect to achieve the requirements during the first quarter. If there are any reasons why the contractors do not expect to achieve the requirements during the first quarter year of the contract construction phase, then the contractors shall provide a plan calculated to address, to the extent reasonably possible, these obstacles to a good faith effort to achieve such goals.

Not more than ten days following the end of each work quarter, the contractors will report on the achievement of the goals, the detailing the good faith efforts that have been made and will continue to be made and any other appropriate efforts not yet undertaken.

All reports will be signed by an officer or principal of the company who has the authority to contractually obligate the company.

The contractor shall maintain as a goal on this project a not less than five percent ratio of women work force to total project hours in both the general contract and each individual filed sub-bid contract.

A Labor Scheduling Table which will be used as a tool for achieving a range of women work force participation for the entire project in both the general contract and each individual filed sub-bid contractor.

The bidder is required to furnish a financial statement and give references that will enable the Town to judge his business standing.